DR 2748 (02/21/13) Web STATE OF COLORADO DEPARTMENT OF REVENUE-RBM Denver, CO 80261-0017

Social Security Number

ID Card Renewal Application and Voter Registration



Instructions

Thank you for participating in the ID Card Renew-By-Mail Program!

You are eligible to renew your ID Card at any time during the period of the ID Card but may only renew by mail every other renewal period. If you are eligible to renew by mail you may also renew online at www.colorado.gov/vroom/renewlicense

If you are already registered to vote from your current address or do not need to report a change of address to the election commission, you do not need to return page one of this application.

Please be sure to fill out the application completely. Your application will be rejected if you fail to enclose your check, fail to sign your application or fail to complete all required fields. Please allow eight weeks to process your application.

The form is designed to be printed in color, or black and white, on 8 1/2 x 11" paper. You must provide your own envelope. Please don't forget to apply the proper postage when you return the completed form.

				oter Registi		•			
	"WARNING": It If you dec	cline to re	egister to v	neanor to swear o tote, the fact that used only for vo	you have de	clined to regis	ter will	remain conf	ister to vote." idential
	DO NO	DO NOT COMPLETE THE REST OF THIS SECTION UNLESS YOU ARE REGISTERING TO VOTE.							
	DO YOU WISH TO BE DI	DO YOU WISH TO BE DESIGNATED AS A PERMANENT MAIL-IN VOTER?							
	☐ Yes ☐ No								
	Name				Sex	Are you a citizen the U.S.?	of Po	olitical Affiliation	
2	Date of Birth Social Security Number			ber (optional)	M	☐ Yes		Republican	Unaffiliated
2						☐ No		Democrat	Other
2	Colorado Residence Address		County	Former	Former Voter Registration Address County		County		
)									
	City		State	ZIP Code	City			State	ZIP Code
				Carrati		Nama			
ĺ	Current Mailing Address			County	Former	iname			
)	City		State	ate ZIP Code					
•	City		Otate	Zii Gode					
	do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have								
		attained the age of 18 years, and shall have resided in the state of Colorado at least 30 days and in my precinct at least 30 days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence.							
	<u> </u>	Voter Registration Applicant Signature						Number <i>(optiona</i>	<i>(</i>)
	pp	oter regionation, ppiloant dignature			- 3.10	Date			
-			Identifica	tion (Required)	Do Not Lea	ve this Section	n Blan	ık	
r	suant to Federal Law v			` . ,					_icense Number or you
									per, then you must provid
									e Identification Number, o
		ou must c	heck the ap	propriate boxes. A	unique ident	ifying number wi	ill be as	ssigned to you	by the State and you w
	be registered to vote.								
		n section	is left blan	k and you do not	check the b	oxes indicating	you d	o not have ide	entification, <i>you will no</i>
	registered to vote.				_				
olo	orado Driver's License N	lumber			Depart OR	ment of Revenue	e ID Nu	ımber	
			-		OK	-		-	
	I do not have a Colora	do Driver'	s License	or Dept. of Revenu	ue Identifica	ion Number			
				•	OR				
		lo Driver's	License, or	a Department of R	evenue Ident	ification Number	, then p	rovide at least	the last four digits of you
C	ial Security Number.								

I do not have a Social Security Number.

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ID Card Renewal Application

State of Colorado, Department of Revenue-RBM, Denver, Co 80261-0017

ID Card holders may renew by mail by completing this form and returning it with payment or by going online at www.colorado.gov/vroom/renewlicense. Your new ID Card will be printed using the photograph currently on file.

Please allow eight weeks to process your application.

If You Wish to Have Your Name Changed or a New Photograph Taken, You Must Appear at a Driver's License Office.

To add up to 2 emergency contacts to your Driver's License or ID card record, please visit our web site at https://www.colorado.gov/apps/dor/emergency/contact/

		Р	lease Print Name I	Exactly as it Appea	ars on Current ID (Card			
Firs	i		Middle		Last		Suffix		
Height		Weight	Hair	Eyes	← Please Enter Current Information		nformation		
_					_				
ID Card #							Driver's License Number processing of your application.		
_									
Date of Birth									
	Colorado Resi	Colorado Pacidanas Address							
	Colorado resi	Colorado Residence Address							
	City		State	9	ZIP Code				
	Current Mailing Address								
	City		State	9	ZIP Code				
WAL	Social Security Number Security # Social Security Number This is required for the processing of your application.								
RENEWAL	C.R.S. 42-2-107(3)(a), requires your Social Security Number to process your application for a ID Card. Your Social Security Number will NOT be shown on your ID Card.								
LICENSE	For males 18 years of age and older: By submitting this application, I am consenting to being registered with Selective Service if so required by Federal law.								
DRIVER'S L									
	I attest under penalty of perjury, that I am a resident of the state of Colorado.								
	I attest under penalty of perjury, that I am lawfully present in the United States.								
	I hereby certify that the above information, including my Social Security Number, is true and correct and I understand that any false information given will be cause for the cancellation of my ID Card.								
	Signature of A	pplicant			Date				

	T								
GIFT	Organ and Tissue Donation								
ANATOMICAL GI	Do you wish to be listed as an organ and tissue donor in the <i>Donate Life Colorado Registry</i> ? (If "yes", a heart will appear on the front of your Driver's License or ID card) Yes No								
	Would you like to donate \$1.00 or more to the Emily Maureen Ellen Keyes Organ and Tissue Donation Awareness Fund, to increase awareness about the need for organ and tissue donation? Yes No								
ANA.	For more information about organ and tissue donation call Donor Alliance, 303-329-4747 or toll free 1-888-868-4747. Web site, www.donatelifecolorado.org								
	yment must be in the form of a money order or personal check.	Indicate Amounts Paid							
<u>Ple</u>	ease do not send cash! Please make your check payable to:								
	Colorado Department of Revenue	Colorado ID Card (\$10.50)							
Ple	ease write your 9-digit ID Card number on your check or	Age 60 and overFREE							
mc	oney order.								
Ple	ease send completed application and payment to:	Organ & Tissue Donation Awareness Fund Voluntary Donation(\$1.00 or more)							
	State of Colorado Department of Revenue-RBM Denver CO 80261-0017	voluntary Donation(\$1.00 or more)							
	enewing online, additional payment options are available sluding Visa, Master Card, and American Express.	Enter Total Amount Enclosed	\$.						

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.